

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/726 386

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59	/	/	/	/	/	/
10							60	/	/	/	/	/	/
11							61	/	/	/	/	/	/
12							62	/	/	/	/	/	/
13							63	/	/	/	/	/	/
14							64	/	/	/	/	/	/
15							65	/	/	/	/	/	/
16							66	/	/	/	/	/	/
17							67	/	/	/	/	/	/
18							68	/	/	/	/	/	/
19							69	/	/	/	/	/	/
20							70	/	/	/	/	/	/
21							71	/	/	/	/	/	/
22							72	/	/	/	/	/	/
23							73	/	/	/	/	/	/
24							74	/	/	/	/	/	/
25							75	/	/	/	/	/	/
26							76	/	/	/	/	/	/
27							77	/	/	/	/	/	/
28							78	/	/	/	/	/	/
29							79	/	/	/	/	/	/
30							80	/	/	/	/	/	/
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	4		12			
TOTAL DEP.							TOTAL DEP.	18					
TOTAL CLAIMS							TOTAL CLAIMS	22					